

# Work Order ID 94478

\*94478\*

Page 1

December-19-12 11:18:30 AM

Item ID: D412-742-013

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Float Skidtube Installation

Start Date: 1/08/13 Start Qty: 1.00 \*1\*

Cust Item ID:

Required Date: 1/18/13 Req'd Qty: 1.00 \*1\*

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 12-12-19 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description                                  | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|-----------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| <b>Draw Nbr</b>                | <b>Revision Nbr</b>                                       |                      |         |        |              |               |               |                  |                |
| IIN D412-742                   | E                                                         |                      |         |        |              |               |               |                  |                |
| 100                            |                                                           |                      |         |        |              |               |               |                  |                |
| <b>*100*</b>                   | DOCUMENT CONTROL                                          | 0.00                 |         |        |              |               |               |                  |                |
| DC                             | Memo                                                      | 0.00                 |         |        |              |               |               |                  |                |
| Document Control               | Photocopy bluefile and create labels per PPP D412-742-013 | CHG007               |         |        |              |               |               |                  |                |
| 110                            | Pick Kit                                                  | 0.00                 |         |        |              |               |               |                  |                |
| <b>*110*</b>                   |                                                           |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                                      | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      |                                                           |                      |         |        |              |               |               |                  |                |
| 120                            | QC4- 100% Inspect kits for completeness                   | 0.00                 |         |        |              |               |               |                  |                |
| <b>*120*</b>                   |                                                           |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                      | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                           |                      |         |        |              |               |               |                  |                |

B93702

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
|--------------------------------------------------------------|------|------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|--------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |      |      |     | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |             |              |              |  |  |
| <b>Root Cause</b>                                            | Date | Step | Qty | Description of work order update or Non-conformance                                                                                                                             | Initial Chief Eng | Action Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sign & Date | Verification | QC Inspector |  |  |
| Doc/Data                                                     |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Equip/Tooling                                                |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Operator                                                     |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Material                                                     |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Setup                                                        |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Other                                                        |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Process                                                      |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Supplier                                                     |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Training                                                     |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Unapproved                                                   |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |

| FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |  |

# Work Order ID 94478

\*94478\*

Page 2

December-19-12 11:18:30 AM

Item ID: D412-742-013

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Stop

\*NS2\*

Item Name: Float Skidtube Installation

Start Date: 1/08/13

Start Qty: 1.00

\*1\*

Cust Item ID:

Required Date: 1/18/13

Req'd Qty: 1.00

\*1\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

130

0.00

\*130\*

Packaging

0.00

Packaging

Memo

Packaging

Identify and pack for shipping as per PPP D412-742-013  
Location: \_\_\_\_\_

140

QC21- Final Inspection - Work Order Release

0.00

\*140\*

QC

Memo

0.00

Quality Control



13/5/12



12/5/13 05-09

12/13/13 05-09

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
|--------------------------------------------------------------|------|------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|--------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |      |      |     | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |             |              |              |  |  |
| <b>Root Cause</b>                                            | Date | Step | Qty | Description of work order update or Non-conformance                                                                                                                             | Initial Chief Eng | Action Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sign & Date | Verification | QC Inspector |  |  |
| Doc/Data <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Equip/Tooling <input type="checkbox"/>                       |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Operator <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Material <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Setup <input type="checkbox"/>                               |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Other <input type="checkbox"/>                               |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Process <input type="checkbox"/>                             |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Supplier <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Training <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Unapproved <input type="checkbox"/>                          |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |

| FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other |

# Picklist Print

December-19-12 11:18:27 AM

Page 1

Work Order ID: 94478  
Parent Item: D412-742-013  
Parent Item Name: Float Skidtube Installation

Start Date: 1/08/13

Required Date: 1/18/13

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev: A05.10.13 New Issue KJ/JLM  
IPP Rev: B 06-06-08 As per DSI9336 JLM 1072 DD verified by: JLM  
IPP Rev: D 08-09-08 ecn 08-510 DD verified by: EC  
IPP Rev: E 09-01-23 as per DSI9441 DD verified by: EC  
10.01.13 verified by: EC  
by: EC IPP rev: H 12.01.12 PER IIN REV. E DD VERF: DD 12.03.14 verified by: EC  
IPP Rev: C 07-12-03 ECN  
IPP Rev: F add AN4C7A DD  
IPP Rev: G 11.11.01 as per DSI9517 REV. B DD verified  
IPP Rev: I add AN4C47A

| Component Item ID/<br>Item Name            | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand  | Qty per Kit | Total<br>Qty       | Qty<br>Issued | Date<br>Issued | Status |
|--------------------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|-----------------|-------------|--------------------|---------------|----------------|--------|
| AN4C47A<br>Bolt                            |                        | Purchased     | No          |                     |                  | 110             | Each               | 33.0000         | 4           | 24131 <sup>4</sup> | 20            |                | SI     |
|                                            |                        |               |             | <u>Location</u>     |                  | <u>Loc Qty</u>  |                    | <u>Loc Code</u> |             |                    |               |                |        |
|                                            |                        |               |             | FG                  |                  | 10              |                    |                 |             |                    |               |                |        |
|                                            |                        |               |             | 122491              |                  | 10              |                    |                 |             |                    |               |                |        |
|                                            |                        |               |             | ST359               |                  | 23              |                    |                 |             |                    |               |                |        |
|                                            |                        |               |             | 123930              |                  | 23              |                    |                 |             |                    |               |                |        |
| D412-742-043<br>Replacement Float Skidtube |                        | Manufactured  | No          |                     |                  | 110             | Each               | 0.0000          | 1           | 1                  | 937028        |                | SI     |
| D2571<br>Saddle, Fwd Out 205               |                        | Manufactured  | No          |                     |                  | 110             | Each               | 17.0000         | 1           | 1                  | 10 13-03-08   |                | SI     |
|                                            |                        |               |             | <u>Location</u>     |                  | <u>Loc Qty</u>  |                    | <u>Loc Code</u> |             |                    |               |                |        |
|                                            |                        |               |             | ST441               |                  | 17              |                    |                 |             |                    |               |                |        |
|                                            |                        |               |             | 11644               |                  | 1               |                    |                 |             |                    |               |                |        |
|                                            |                        |               |             | 88194               |                  | 4               |                    |                 |             |                    |               |                |        |
|                                            |                        |               |             | 89090               |                  | 4               |                    |                 |             |                    |               |                |        |
|                                            |                        |               |             | 92618               |                  | 8               |                    |                 | 92618       |                    |               |                |        |

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |      |      |     |                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |              |              |  |  |
|--------------------------------------------------------------|------|------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|--------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |      |      |     | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                |              |              |  |  |
| <b>Root Cause</b>                                            | Date | Step | Qty | Description of work order update<br>or Non-conformance                                                                                                                          | Initial<br>Chief Eng | Action<br>Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Sign &<br>Date | Verification | QC Inspector |  |  |
| Doc/Data <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |              |              |  |  |
| Equip/Tooling <input type="checkbox"/>                       |      |      |     |                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |              |              |  |  |
| Operator <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |              |              |  |  |
| Material <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |              |              |  |  |
| Setup <input type="checkbox"/>                               |      |      |     |                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |              |              |  |  |
| Other <input type="checkbox"/>                               |      |      |     |                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |              |              |  |  |
| Process <input type="checkbox"/>                             |      |      |     |                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |              |              |  |  |
| Supplier <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |              |              |  |  |
| Training <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |              |              |  |  |
| Unapproved <input type="checkbox"/>                          |      |      |     |                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |              |              |  |  |

| FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other |

# Picklist Print

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Page 2

Work Order ID: 94478

Parent Item: D412-742-013

Parent Item Name: Float Skidtube Installation

Start Date: 1/08/13

Required Date: 1/18/13

Start Qty: 1.00

Required Qty: 1.00

**D2572** Manufactured No  
Saddle, Fwd In 205

110 Each 32.0000

**1**

1

✓ 25



Location

Loc Qty

Loc Code

ST441

32

71107

2

86889

4

90141

8

91372

6

92989

12

90141

**D2573** Manufactured No  
Saddle, Aft Out 205

110 Each 28.0000

**1**

1

✓ 25



Location

Loc Qty

Loc Code

ST429

4

88809

4

ST442

24

92568

12

92620

12

92568

**D2574** Manufactured No  
Saddle, Aft In 205

110 Each 28.0000

**1**

1

✓ 20



Location

Loc Qty

Loc Code

ST429

4

86958

4

ST442

24

92566

12

92619

12

92566

**D2876** Manufactured No  
Saddle Spacer

110 Each 129.0000

**2**

2

✓ 20



13-03-08

Location

Loc Qty

Loc Code

ST020

129

88282

16

89181

40

92502

73

88282

89181

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Shop Packet Print

Page 2

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|--------------------------------------------------------------|--|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  |  |  | <b>DISPOSITION</b><br><br><div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> Rework<br/> <input type="checkbox"/> Scrap<br/> <input type="checkbox"/> Use-as-is<br/> <input type="checkbox"/> Work Order Update         </div> <div> <input type="checkbox"/> Skid-tube<br/> <input type="checkbox"/> Machining<br/> <input type="checkbox"/> Thermoforming<br/> <input type="checkbox"/> Large Fab         </div> <div> <input type="checkbox"/> Crosstube<br/> <input type="checkbox"/> Small Fab<br/> <input type="checkbox"/> Finishing<br/> <input type="checkbox"/> Composite         </div> <div> <input type="checkbox"/> Water Jet<br/> <input type="checkbox"/> Prod. Eng. Coord.<br/> <input type="checkbox"/> Rec/Store/Packaging<br/> <input type="checkbox"/> Supplier         </div> <div> <input type="checkbox"/> Engineering<br/> <input type="checkbox"/> Quality<br/> <input type="checkbox"/> Other         </div> </div> |  |
|--------------------------------------------------------------|--|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|



# Picklist Print

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Page 3

Work Order ID: 94478

Parent Item: D412-742-013

Parent Item Name: Float Skidtube Installation

Start Date: 1/08/13

Required Date: 1/18/13

Start Qty: 1.00

Required Qty: 1.00


**D2877** Manufactured No 110 Each 103.0000 **2** 2 - JB 

Saddle Spacer

*SRP*

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| ST020    | 103     |          |
| 89330    | 39      |          |
| 92548    | 24      |          |
| 93823    | 40      |          |

89330


**D3403-1** Manufactured No 110 Each 366.0000 **8** 8 - JB 

Bushing

*SRP*

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| ST044    | 366     |          |
| 88782    | 366     |          |

88782

**D3403-5** Manufactured No 110 Each 471.0000 **8** 8 - JB 

Bushing

*SRP*

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| ST043    | 471     |          |
| 88784    | 471     |          |

88784

**D2747** Manufactured No 110 Each 222.0000 **4** 4 - JB 

Set Screw

*SRP*

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| ST017    | 222     |          |
| 79520    | 5       |          |
| 86439    | 10      |          |
| 86827    | 157     |          |
| 93797    | 50      |          |

86827

**D3533-1** Manufactured No 110 Each 94.0000 **2** 2 - JB 

Set Screw

*SRP*

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| ST055    | 94      |          |
| 88328    | 94      |          |

88328

13-03-08

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Shop Packet Print

Page 3

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                          | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                        |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| <b>Root Cause</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Date</b> | <b>Step</b> | <b>Qty</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Description of work order update or Non-conformance</b>                                                                                                                      | <b>Initial Chief Eng</b> | <b>Action Description</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Sign &amp; Date</b> | <b>Verification</b> | <b>QC Inspector</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| Doc/Data <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| Equip/Tooling <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| Operator <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| Setup <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| Other <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| Process <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| Training <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| <b>FAULT CATEGORY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |             |             | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |                                                                                                                                                                                 |                          | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                     | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other |  |  |

# Picklist Print

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Page 4

Work Order ID: 94478

Parent Item: D412-742-013

Parent Item Name: Float Skidtube Installation

Start Date: 1/08/13

Required Date: 1/18/13

Start Qty: 1.00

Required Qty: 1.00

**AN4G6A**

Bolt

Purchased

No

110

Each

790.0000

16

16

✓ 20

SP



Location

Loc Qty

Loc Code

FG

14

103344

4

121657

10

ST355

776

122800

76

123525

200

123900

500

123900

**AN4G53A**

Bolt

Purchased

No

110

Each

11.0000

4

4

✓ 20

SP



Location

Loc Qty

Loc Code

ST360

11

122193

5

84969

6

**AN4C52A**

BOLT

Purchased

No

110

Each

97.0000

4

4

✓ 20

SP



Location

Loc Qty

Loc Code

FG

5

122518

5

ST360

92

117688

34

120754

8

123598

50

3x 120754

**AN6C12A**

BOLT

Purchased

No

110

Each

53.0000

8

8

✓ 20

13-03-08



Location

Loc Qty

Loc Code

ST339

53

122204

2

123642

31

123900

20

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Page 4

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
|--------------------------------------------------------------|------|------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|--------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |      |      |     | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |             |              |              |  |  |
| Root Cause                                                   | Date | Step | Qty | Description of work order update or Non-conformance                                                                                                                             | Initial Chief Eng | Action Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sign & Date | Verification | QC Inspector |  |  |
| Doc/Data                                                     |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Equip/Tooling                                                |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Operator                                                     |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Material                                                     |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Setup                                                        |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Other                                                        |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Process                                                      |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Supplier                                                     |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Training                                                     |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Unapproved                                                   |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |

| FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |  |

# Picklist Print

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Page 5

Work Order ID: 94478

Parent Item: D412-742-013

Parent Item Name: Float Skidtube Installation

Start Date: 1/08/13

Required Date: 1/18/13

Start Qty: 1.00

Required Qty: 1.00

**D3672-3**

Phenolic Washer

Manufactured No

110 Each 2,303.0000

32

32

✓ JB



Location

Loc Qty

Loc Code

FG 11  
84432 11  
FP-001 131  
91915 131  
ST061 2161  
86517 5  
88441 482  
89273 510  
91915 140  
93316 515  
93925 509

89273

Shp

**AN960C416L**

WASHER

NAS1149C0432R

Purchased No

110 Each 0.0000

32

32

122441 JB



**D3672-9**

Phenolic Washer

Manufactured No

110 Each 148.0000

8

8

JB

Shp

Location

Loc Qty

Loc Code

ST062 148  
81763 148

81763

**NAS1149C0632R**

WASHER

Purchased No

110 Each 212.0000

8

8

JB



Shp

Location

Loc Qty

Loc Code

ST292 212  
121825 12  
122441 200

122441

**D3672-11**

Phenolic Washer

Manufactured No

110 Each 543.0000

8

8

JB

1203-08



Shp

Location

Loc Qty

Loc Code

FG 10  
77483 10  
ST062 533  
91746 533

91746

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Shop Packet Print

Page 5

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
|--------------------------------------------------------------|-------------|-------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|---------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |             |             |            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                          | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                        |                     |                     |  |  |
| <b>Root Cause</b>                                            | <b>Date</b> | <b>Step</b> | <b>Qty</b> | <b>Description of work order update or Non-conformance</b>                                                                                                                      | <b>Initial Chief Eng</b> | <b>Action Description</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Sign &amp; Date</b> | <b>Verification</b> | <b>QC Inspector</b> |  |  |
| Doc/Data <input type="checkbox"/>                            |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Equip/Tooling <input type="checkbox"/>                       |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Operator <input type="checkbox"/>                            |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Material <input type="checkbox"/>                            |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Setup <input type="checkbox"/>                               |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Other <input type="checkbox"/>                               |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Process <input type="checkbox"/>                             |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Supplier <input type="checkbox"/>                            |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Training <input type="checkbox"/>                            |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Unapproved <input type="checkbox"/>                          |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |

| FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other |

# Picklist Print

December-19-12 11:18:29 AM

Page 6

Work Order ID: 94478

Parent Item: D412-742-013

Parent Item Name: Float Skidtube Installation

Start Date: 1/08/13

Required Date: 1/18/13

Start Qty: 1.00

Required Qty: 1.00

MS21043-4

Nut

Purchased

No

110

Each

1,730.0000

29

29

## Location

## Loc Qty

## Loc Code

|        |      |
|--------|------|
| FG     | 36   |
| 104603 | 36   |
| GA     | 164  |
| 121652 | 164  |
| ST315  | 1530 |
| 121162 | 25   |
| 123021 | 500  |
| 123525 | 405  |
| 123900 | 600  |

SMP

D3403-3

Bushing

Manufactured

No

110

Each

388.0000

8

## Location

## Loc Qty

## Loc Code

|       |     |
|-------|-----|
| ST043 | 388 |
| 88783 | 388 |

SMP

D3405-041

Lug Assembly

Manufactured

No

110

Each

23.0000

1

1

## Location

## Loc Qty

## Loc Code

|       |    |
|-------|----|
| ST423 | 23 |
| 62227 | 2  |
| 77000 | 2  |
| 89218 | 19 |

SMP

D3405-043

Lug Assembly

Manufactured

No

110

Each

26.0000

0

## Location

## Loc Qty

## Loc Code

|       |    |
|-------|----|
| ST429 | 25 |
| 88338 | 11 |
| 92509 | 14 |
| ST478 | 1  |
| 82038 | 1  |

SMP

December-19-12 11:18:29 AM

Shop Packet Print

Page 6

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
|--------------------------------------------------------------|-------------|-------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|---------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |             |             |            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                          | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                        |                     |                     |  |  |
| <b>Root Cause</b>                                            | <b>Date</b> | <b>Step</b> | <b>Qty</b> | <b>Description of work order update or Non-conformance</b>                                                                                                                      | <b>Initial Chief Eng</b> | <b>Action Description</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Sign &amp; Date</b> | <b>Verification</b> | <b>QC Inspector</b> |  |  |
| Doc/Data <input type="checkbox"/>                            |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Equip/Tooling <input type="checkbox"/>                       |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Operator <input type="checkbox"/>                            |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Material <input type="checkbox"/>                            |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Setup <input type="checkbox"/>                               |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Other <input type="checkbox"/>                               |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Process <input type="checkbox"/>                             |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Supplier <input type="checkbox"/>                            |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Training <input type="checkbox"/>                            |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Unapproved <input type="checkbox"/>                          |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |

| FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |  |



# Picklist Print

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Work Order ID: 94478

Parent Item: D412-742-013

Parent Item Name: Float Skidtube Installation

Start Date: 1/08/13

Required Date: 1/18/13

Start Qty: 1.00

Required Qty: 1.00

**AN4G7A**

Bolt

Purchased No

110 Each 136.0000

4

4

7.5



SM

## Location

## Loc Qty

## Loc Code

ST355

136

109147

36

123900

100

2x109147  
2x123900

**D3407-041**

Tow Ring

Manufactured No

110 Each 27.0000

0

1

7.5



SM

## Location

## Loc Qty

## Loc Code

ST463

27

88212

7

91547

2

91836

5

92647

1

93720

12

93720

**D3417-3**

Washer

Manufactured No

110 Each 84.0000

2

2

7.5



SM

## Location

## Loc Qty

## Loc Code

FG

9

33519

9

ST044

75

86735

1

90304

24

93758

50

90304

**D3456-1**

Washer

Manufactured No

110 Each 132.0000

0

1

7.5



SM

## Location

## Loc Qty

## Loc Code

FG

7

25701

7

ST047

125

80252

1

89237

74

93780

50

89237

13-03-08

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Shop Packet Print

Page 7

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
|--------------------------------------------------------------|-------------|-------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|---------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |             |             |            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                          | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                        |                     |                     |  |  |
| <b>Root Cause</b>                                            | <b>Date</b> | <b>Step</b> | <b>Qty</b> | <b>Description of work order update or Non-conformance</b>                                                                                                                      | <b>Initial Chief Eng</b> | <b>Action Description</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Sign &amp; Date</b> | <b>Verification</b> | <b>QC Inspector</b> |  |  |
| Doc/Data <input type="checkbox"/>                            |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Equip/Tooling <input type="checkbox"/>                       |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Operator <input type="checkbox"/>                            |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Material <input type="checkbox"/>                            |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Setup <input type="checkbox"/>                               |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Other <input type="checkbox"/>                               |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Process <input type="checkbox"/>                             |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Supplier <input type="checkbox"/>                            |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Training <input type="checkbox"/>                            |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Unapproved <input type="checkbox"/>                          |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |

| FAULT CATEGORY                                        |                                         |                                                          |                                               |                                             |  |  |  |  |  |
|-------------------------------------------------------|-----------------------------------------|----------------------------------------------------------|-----------------------------------------------|---------------------------------------------|--|--|--|--|--|
| <b>Landing Gear</b>                                   |                                         |                                                          | <b>General</b>                                |                                             |  |  |  |  |  |
| <input type="checkbox"/> Bending                      | <input type="checkbox"/> Bend           | <input type="checkbox"/> Grain                           | <input type="checkbox"/> Ovalized             | <input type="checkbox"/> Pressure/Forced    |  |  |  |  |  |
| <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> BOM/Route      | <input type="checkbox"/> Hardware                        | <input type="checkbox"/> Over/Under tolerance | <input type="checkbox"/> Temperature/Cure   |  |  |  |  |  |
| <input type="checkbox"/> Cracks                       | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Inspection Incomplete           | <input type="checkbox"/> Part Incorrect       | <input type="checkbox"/> Weld               |  |  |  |  |  |
| <input type="checkbox"/> Crushed/Crimped              | <input type="checkbox"/> Burrs          | <input type="checkbox"/> Instructions Incomplete/Unclear | <input type="checkbox"/> Part Lost/Missing    | <input type="checkbox"/> Wrong Stock Pulled |  |  |  |  |  |
| <input type="checkbox"/> Cuffs                        | <input type="checkbox"/> Contamination  | <input type="checkbox"/> Maintenance                     | <input type="checkbox"/> Part Moved           |                                             |  |  |  |  |  |
| <input type="checkbox"/> Heat Treat                   | <input type="checkbox"/> Countersink    | <input type="checkbox"/> Mislabeled                      | <input type="checkbox"/> Positioned Wrong     |                                             |  |  |  |  |  |
| <input type="checkbox"/> Inspection Strip in Tube     | <input type="checkbox"/> Cut Too Short  | <input type="checkbox"/> Misread                         | <input type="checkbox"/> Power Loss/Surge     | <input type="checkbox"/> Other              |  |  |  |  |  |
| <input type="checkbox"/> Ripples in Bend              | <input type="checkbox"/> Drill Holes    | <input type="checkbox"/> Offset                          |                                               |                                             |  |  |  |  |  |
| <input type="checkbox"/> Torque Waves in Extrusion    | <input type="checkbox"/> Drawing        | <input type="checkbox"/> Out of Calibration              |                                               |                                             |  |  |  |  |  |
| <input type="checkbox"/> Turning Sequence             | <input type="checkbox"/> Finish         | <input type="checkbox"/> Out of Sequence                 |                                               |                                             |  |  |  |  |  |
| <input type="checkbox"/> Wave/Twist in Tube           | <input type="checkbox"/> Folio          | <input type="checkbox"/> Outside Dimensions              |                                               |                                             |  |  |  |  |  |

# Picklist Print

December-19-12 11:18:29 AM

Page 8

Work Order ID: 94478

Parent Item: D412-742-013

Parent Item Name: Float Skidtube Installation

Start Date: 1/08/13

Required Date: 1/18/13

Start Qty: 1.00

Required Qty: 1.00

AN3C37A

BOLT

Purchased

No

110 Each 155.0000

1 1

Location

Loc Qty

Loc Code

ST353

155

122491

50

123642

80

123930

25

122491

AN3C40A

BOLT

Purchased

No

110 Each 42.0000

1 1

Location

Loc Qty

Loc Code

FG

5

11442

5

ST353

37

122843

17

123930

20

122843

AN3C41A

BOLT

Purchased

No

110 Each 208.0000

1 1

Location

Loc Qty

Loc Code

FG

9

103324

4

122843

5

ST354

124

121313

80

123643

44

ST513

75

123930

75

121313

AN3C42A

BOLT

Purchased

No

110 Each 58.0000

1 1

Location

Loc Qty

Loc Code

FG

5

121103

5

ST354

53

122843

28

123930

25

122843

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Shop Packet Print

Page 8

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |      |      |     |                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |              |              |  |  |
|--------------------------------------------------------------|------|------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|--------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |      |      |     | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                |              |              |  |  |
| <b>Root Cause</b>                                            | Date | Step | Qty | Description of work order update<br>or Non-conformance                                                                                                                          | Initial<br>Chief Eng | Action<br>Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Sign &<br>Date | Verification | QC Inspector |  |  |
| Doc/Data <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |              |              |  |  |
| Equip/Tooling <input type="checkbox"/>                       |      |      |     |                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |              |              |  |  |
| Operator <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |              |              |  |  |
| Material <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |              |              |  |  |
| Setup <input type="checkbox"/>                               |      |      |     |                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |              |              |  |  |
| Other <input type="checkbox"/>                               |      |      |     |                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |              |              |  |  |
| Process <input type="checkbox"/>                             |      |      |     |                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |              |              |  |  |
| Supplier <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |              |              |  |  |
| Training <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |              |              |  |  |
| Unapproved <input type="checkbox"/>                          |      |      |     |                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |              |              |  |  |

| FAULT CATEGORY                                        |                                         |                                                          |                                               |                                             |  |  |  |  |  |
|-------------------------------------------------------|-----------------------------------------|----------------------------------------------------------|-----------------------------------------------|---------------------------------------------|--|--|--|--|--|
| <b>Landing Gear</b>                                   |                                         |                                                          | <b>General</b>                                |                                             |  |  |  |  |  |
| <input type="checkbox"/> Bending                      | <input type="checkbox"/> Bend           | <input type="checkbox"/> Grain                           | <input type="checkbox"/> Ovalized             | <input type="checkbox"/> Pressure/Forced    |  |  |  |  |  |
| <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> BOM/Route      | <input type="checkbox"/> Hardware                        | <input type="checkbox"/> Over/Under tolerance | <input type="checkbox"/> Temperature/Cure   |  |  |  |  |  |
| <input type="checkbox"/> Cracks                       | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Inspection Incomplete           | <input type="checkbox"/> Part Incorrect       | <input type="checkbox"/> Weld               |  |  |  |  |  |
| <input type="checkbox"/> Crushed/Crimped              | <input type="checkbox"/> Burrs          | <input type="checkbox"/> Instructions Incomplete/Unclear | <input type="checkbox"/> Part Lost/Missing    | <input type="checkbox"/> Wrong Stock Pulled |  |  |  |  |  |
| <input type="checkbox"/> Cuffs                        | <input type="checkbox"/> Contamination  | <input type="checkbox"/> Maintenance                     | <input type="checkbox"/> Part Moved           |                                             |  |  |  |  |  |
| <input type="checkbox"/> Heat Treat                   | <input type="checkbox"/> Countersink    | <input type="checkbox"/> Mislabeled                      | <input type="checkbox"/> Positioned Wrong     |                                             |  |  |  |  |  |
| <input type="checkbox"/> Inspection Strip in Tube     | <input type="checkbox"/> Cut Too Short  | <input type="checkbox"/> Misread                         | <input type="checkbox"/> Power Loss/Surge     | <input type="checkbox"/> Other              |  |  |  |  |  |
| <input type="checkbox"/> Ripples in Bend              | <input type="checkbox"/> Drill Holes    | <input type="checkbox"/> Offset                          |                                               |                                             |  |  |  |  |  |
| <input type="checkbox"/> Torque Waves in Extrusion    | <input type="checkbox"/> Drawing        | <input type="checkbox"/> Out of Calibration              |                                               |                                             |  |  |  |  |  |
| <input type="checkbox"/> Turning Sequence             | <input type="checkbox"/> Finish         | <input type="checkbox"/> Out of Sequence                 |                                               |                                             |  |  |  |  |  |
| <input type="checkbox"/> Wave/Twist in Tube           | <input type="checkbox"/> Folio          | <input type="checkbox"/> Outside Dimensions              |                                               |                                             |  |  |  |  |  |

# Picklist Print

December-19-12 11:18:30 AM

Page 9

Work Order ID: 94478

Parent Item: D412-742-013

Parent Item Name: Float Skidtube Installation

Start Date: 1/08/13

Required Date: 1/18/13

Start Qty: 1.00

Required Qty: 1.00

**AN3C43A**

BOLT

Purchased

No

110 Each 51.0000

4

124263-70

SP

SP

## Location

## Loc Qty

## Loc Code

|        |    |  |
|--------|----|--|
| FG     | 10 |  |
| 120465 | 10 |  |
| ST354  | 41 |  |
| 122843 | 16 |  |
| 123930 | 25 |  |

**AN3C46A**

BOLT

Purchased

No

110 Each 292.0000

5

5

124263-70

SP

SP

## Location

## Loc Qty

## Loc Code

|        |     |  |
|--------|-----|--|
| FG     | 10  |  |
| 122843 | 10  |  |
| ST354  | 282 |  |
| 123643 | 142 |  |
| 123930 | 140 |  |

**AN960G10L**

washer

NAS1149C0332R

Purchased

No

110 Each 0.0000

26

123930

123759-70

SP

SP

**MS21043-3**

Nut

Purchased

No

110 Each 1,043.0000

13

124555-70

13-03-06

SP

## Location

## Loc Qty

## Loc Code

|        |     |  |
|--------|-----|--|
| FG     | 80  |  |
| 103691 | 80  |  |
| FP001  | 55  |  |
| 123525 | 55  |  |
| GA     | 280 |  |
| 123899 | 280 |  |
| ST315  | 628 |  |
| 118614 | 7   |  |
| 118686 | 30  |  |
| 119758 | 20  |  |
| 121255 | 20  |  |
| 122993 | 137 |  |
| 123899 | 414 |  |

December-19-12 11:18:30 AM

Shop Packet Print

Page 9

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>                                                                                                                                              | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>                                                                                                                                              | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>                                                                                                                                              | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>                                                                                                                                              | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

| Root Cause                             | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|----------------------------------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Equip/Tooling <input type="checkbox"/> |      |      |     |                                                     |                   |                    |             |              |              |
| Operator <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Material <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Setup <input type="checkbox"/>         |      |      |     |                                                     |                   |                    |             |              |              |
| Other <input type="checkbox"/>         |      |      |     |                                                     |                   |                    |             |              |              |
| Process <input type="checkbox"/>       |      |      |     |                                                     |                   |                    |             |              |              |
| Supplier <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Training <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Unapproved <input type="checkbox"/>    |      |      |     |                                                     |                   |                    |             |              |              |

### FAULT CATEGORY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# Work Order ID 94478

December-19-12 11:18:30 AM

\*94478\*

Page 1

Item ID: D412-742-013

Accept

\*N9000040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Float Skidtube Installation

Start Date: 1/08/13 Start Qty: 1.00

\*1\*

Cust Item ID:

Required Date: 1/18/13 Req'd Qty: 1.00

\*1\*

Customer:

Reference:

Approvals: Process Plan: MCT

Date: 12-12-19 Tooling:

Date:

Run Start \*NR1\*

QC:

Date: SPC (Y/N):

Date:

Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr | Revision Nbr |
|----------|--------------|
|----------|--------------|

|              |   |
|--------------|---|
| IIN D412-742 | E |
|--------------|---|

100

DOCUMENT CONTROL

\*100\*

DC

Memo

0.00

Document Control

Photocopy bluefile and create labels per PPP D412-742-013 CHG007

MCT 13-03-06

110

Pick Kit

0.00

\*110\*

Packaging

Memo

0.00

Packaging

120

QC4- 100% Inspect kits for completeness

0.00

\*120\*

QC

Memo

0.00

Quality Control